1	PATENT	ORD											
		Effective October 1, 2001						09/988,784					
		CLAIMS	•	D - PART	•	SMAL lumn 2) TYPE		SMALL I			OTHE	R THAN L ENTITY	
	TOTAL CLAIMS	· · · · · · · · · · · · · · · · · · ·	<u> </u>				[RATE	FEE		RATE		
	FOR	NUMB	NUMBER FILED		NUMBER EXTRA		BASIC FE	E ² 370.0	0 OF	BASIC FE			
	TOTAL CHARGEABLE CLAIMS		70 1	ninus 20=	*	50		X\$ 9=	450) OF	X\$18=	1	
11	NDEPENDENT CLAIMS			L.' 1		12		X42=	77	7	<u> </u>	 	
	MULTIPLE DEPEN	PRESENT			D.		+140=						
•	If the difference	in column 1 is	s less than	zero, enter	"0" in	0" in column 2		TOTAL	140	OR			
	CLAIMS AS AMENDED - PART II							TOTAL	116 4	OR	TOTAL	LR THAN	
Ir	See	(Column 1) CLAIMS		(Colun		(Column 3)	ı -	SMALL	ENTITY	_		ENTITY	
AMENDACETT	MIENI A	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE	
	Total	* 57_	Minus	** 70)	=		X\$ 9=		ÓR	X\$18=		
	FIRST PRESE	* G NTATION OF M	Minus ULTIPLE D	*** /	CLAIM			X42=		OR	X84=		
-				LI CITOLITI	ODAIM			+140=.		OR	+280=	-	
							AD.	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
Г	YEAR NEWSTRA	(Column 1) CLAIMS	Victoria de la	(Colum	n 2)	(Column 3)				- :	10011.122		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEÈ	
	Total	*	Minus	**		=] ;	X\$ 9=		OR	X\$18=		
	Independent FIRST PRESEN	TATION OF MI	Minus	***	N A (A A	=		X42=		OR	X84=		
		THE THE	CTIP LL DE	- ENDENT C	ZLAIM	<u></u>	1	140=	•	OR	+280=	,	
						·		TOTAL DIT. FEE		L	TOTAL	<u></u>	
	STATE STATE OF STATE	(Column 1)		(Column		(Column 3)	٨٥٤	. FEC L		. A	DDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	F		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total *		Minus	**		=	X	\$ 9=		OR	X\$18≐	166	
AME	Independent *		Minus	***		=	X	(42=			X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	140=		OR			
*	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=		
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
	· · · · · · · · · · · · · · · · · · ·	. Previously Paid	ror" (fotal or	Independent)	is the h	ighest number fo	ound ir	the appro	priate box	in colur	nn 1.		
ΜN	PTO-875 (Rev. 8/01)				<u> </u>				L Office III C			·	

Application or Docket Number